Patient Care Review
Colon Cancer

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Overview

- Patient Selection
- Review of Diagnosis
- Treatment
- Nutrition History
- Medications
- Labs
- Nutritional Status
- MNT Care Plan
- Outcomes of Care

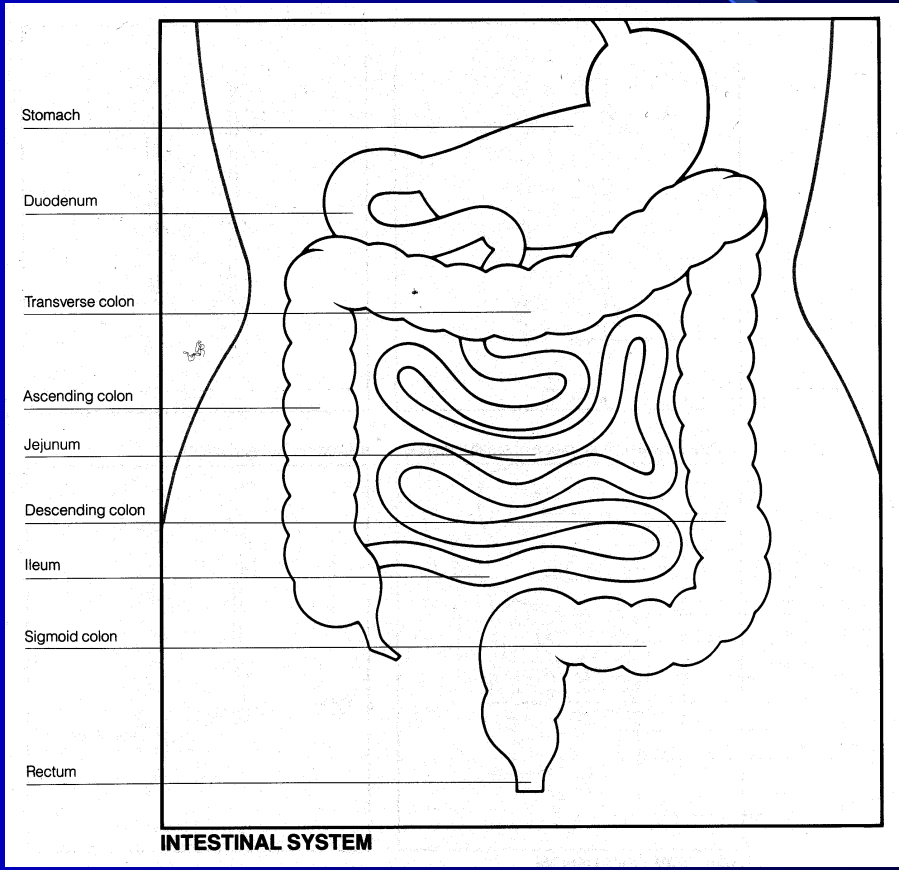
Patient

- WH
- 57 y.o. white male
- Admitted: 28 November 2000
- Chief Complaint: 4 days of nausea, vomiting, and diarrhea
- Dx: chemotherapy induced ileus
  - h/o unresectable metastatic stage IV colon cancer
- WRAMC MNT care plan: Cancer/chemotherapy

Anthropometrics

- Ht: 5’10’’
- Wt: 135 lbs
- Medium Frame
- UBW: 180 lbs (81-88%)
- DBW: 154-166 lbs (MHWT) (72%)

Review of Diagnosis



Definition

- Malignant neoplastic disease of the large intestine

Staging

- T (Primary Tumor)
- N (Regional Lymph Nodes
- M (Distant Metastasis)
- Stage IV: any T, any N, M1

Etiology

- Unknown
  - Risk factors:
    - Age
    - Family hx
    - IBD
    - Polyps
    - Dietary components

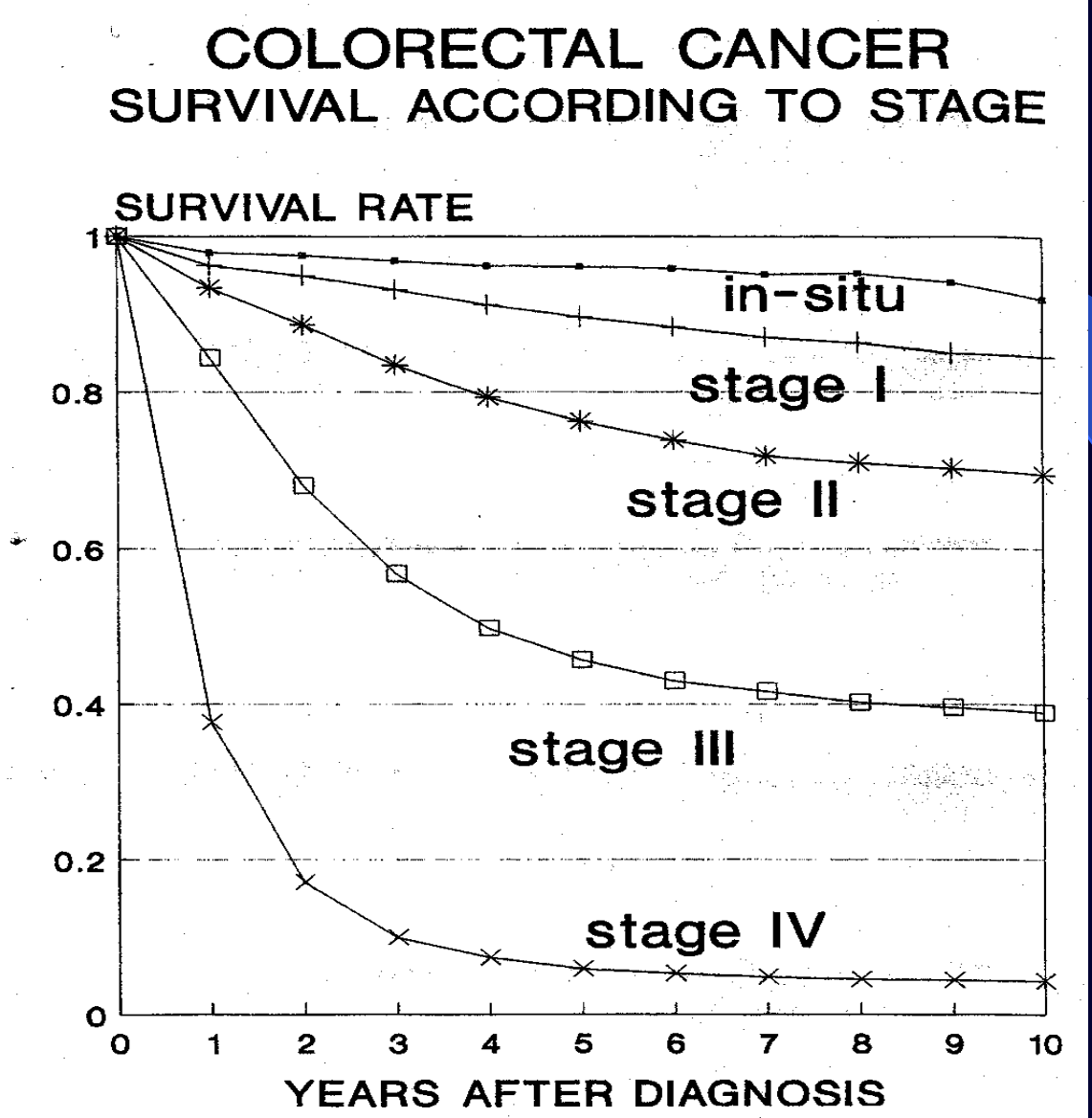
Symptoms

- Pain
- Blood in stools
- Partial intestinal obstruction
- Nausea, Vomiting, Constipation, Diarrhea
- Weakness
- Anemia

Treatment

- Surgery
- Chemotherapy
- Radiation Therapy
- Medications
- Nutritional Support

Prognosis


COLORECTAL CANCER
SURVIVAL ACCORDING TO STAGE
SURVIVAL RATE
1
0.8
0.6
0.4
0.2
0
in-situ
stage I
stage II
stage III
stage IV
0
1
2
3
4
5
6
7
8
9
10
YEARS AFTER DIAGNOSIS

Nutritional Implications

- Treatment may interfere with ability to ingest, digest, and absorb adequately
- If unable to eat or meet nutritional needs PO, enteral or parenteral nutrition may be required

Patient's Current Medical Treatment

- Saltz Chemotherapy Regimen
  - Started regimen September 2000
  - Currently undergoing 3 of 6 cycles

Outpatient Treatment Plan

- Colonoscopy with stent placement
- Reduce dose or omit week 4 from future chemo cycles

Past Medical/Surgical History

- Prostate cancer 1994
- RRP (radical prostatectomy) 1994

Psycho-Social/Family History

- Felt ill overseas, but waited until stateside to see doctor
- Lives with wife
- Wife appears to be an excellent source of support

Nutrition History

Diet At Home

- Regular foods and amounts during first half of chemotherapy cycle and in-between cycles
- Poor PO intake, N/V during second half of chemotherapy cycle. Does try to consume high calorie shakes during this time.

Diet Order

- Admission (28 November) -- NPO
- 30 November -- Clear Liquids
- 1 December -- Regular

Nutritionally Significant Medications

- Zantac: may decrease Vit B12 absorption, D/C
- Saltz Chemotherapy
  - Fluorouracil
  - Leucovorin
  - Irinotecan: anorexia, decreased weight, dehydration, N/V/C/D

Nutritionally Significant Labs

	Glu	Alk Phos	Tot Bil	BUN	Alb	RBC	HGB	HCT
12/1	91	167	2.0	28	1.8	3.84	11.3	33.9
11/30	120	157	2.1	41	2.0	4.09	12.2	36.2
11/29	160	145	1.7	46	2.0	4.47	13.1	39.1
11/28	294	178	2.1	50	2.3	5.12	15.0	45.2

Nutritional Diagnostic Statement

- WH is moderately malnourished and at high nutritional risk as evidenced by
  - 50 lb. weight loss over one year period
  - 81-88% DBW
  - 72% UBW
  - Low Alb
  - Cancer

Estimated Calories and Protein

- Daily caloric needs using the Calorie Factor method with a range of 30-35 kcal/day = 2100-2450 kcal/day
- Daily protein needs using a protein factor of 1-1.5 g/kg = 70-105 g/day

Goal of Therapy

- Prevent further PEM
- Maintain / increase weight
- Prevent recurrent colon obstruction
- Enable completion of treatment and
  - maximize its beneficial effects while
  - minimizing its nutritional side effects
- Enhance quality of life

MNT Plan

- Provide patient with “Eating Hints For Cancer Patients” booklet
- Provide patient with outpatient oncology dietitian’s phone number (patient had not talked to a dietitian PTA)
- Provide patient with list of low residue foods and sample diet

Potential Health Outcomes

- Improved overall health and nutritional status
- Decreased hospitalization and readmissions

Potential Resources Saved

- Economic resources of patient and hospital
- Strength of patient and family

Questions?